

Must be filed with the Board of Selectmen within six months from date of Notice.

State Tax
Form 129

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ANDOVER

Received

DO NOT WRITE IN THIS SPACE

WARD _____ PAGE _____ LINE _____

APPLICATION FOR ABATEMENT OF BETTERMENT TAX

☐ Sewer ☐ Sidewalk ☐ Street ☐ Water

20____

To the Board of Selectmen

NAME OF APPLICANT.....

POST-OFFICE ADDRESS.....

The above-named person aggrieved by a 20..... **BETTERMENT TAX** hereby applies for an abatement.

NAME OF PERSON ASSESSED.....20.....

Location and Description of Property – No. of Street, Plan, or Lot, and Area of Land.

Description must be sufficiently accurate to identify the premises.

.....

.....

Betterment.....Tax Assessed \$.....Amount Paid \$.....

Tax Paid by.....on.....,20.....

IF THE APPLICANT IS NOT THE PERSON ASSESSED, what is the applicant's interest in the Property?

.....

SPECIFY: PRESENT OWNERSHIP, MORTGAGE OR WHAT OTHER INTEREST

When was such interest acquired?.....

DATE

Complete statement of reasons for this application:.....

.....

.....

CONTENTIONS OF LAW RAISED

.....

.....

SUBSCRIBED THIS.....day of....., 20....., UNDER THE PENALTIES OF PERJURY.

SIGNATURE OF APPLICANT.....

NAME IN FULL

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX. IT SHOULD BE PAID AS ASSESSED. REFUND WILL FOLLOW IF ABATEMENT IS ALLOWED.